



APPLICATION FOR ENROLLMENT Retired Officer Firearms Qualification



Please complete this form and forward to the Training Center

RETIRED OFFICER FIREARMS QUALIFICATION

(COURSE TITLE)

(DATE OF QUALIFICATION)

You must enclose a copy of your driver's license and a photo I.D. from the agency you retired from with this form when you submit it to the Training Center.

NAME	RANK AT RETIREMENT	AGENCY RETIRED FROM

If qualifying at the Training Center, you must submit a \$50.00 fee by cash or check.

I _____ certify that I am a qualified retired law enforcement officer in good

(Printed Name)

standing from service with a public agency as a law enforcement officer as per 18 USC, Chapter 44 § 926C other than for reasons of mental instability. I have not had any criminal convictions that would prohibit me from possessing a firearm.

SIGNATURE: _____ DATE: _____
(MUST BE SIGNED)

HOME ADDRESS: _____ (Street Number)
_____ (City, State and Zip Code)

TELEPHONE: _____ (Area Code and Number)

BIRTH DATE: _____

(Firearms Instructor use only)

FIREARMS INSTRUCTOR: _____

Address _____ (Street Number)
_____ (City, State and Zip Code)

SCORE: _____ WEAPON: _____
(Individual qualifying)

Return form to: Nebraska Law Enforcement Training Center
3600 North Academy Road
Grand Island, NE 68801-9200
(308) 385-6030 *** FAX (308) 385-6032